



**Impact Development Fund**  
**200 E. 7<sup>th</sup> Street, Suite 412**  
**Loveland, CO 80537**  
**970.494.2021 970.494.2022 Fax**  
**info@impactdf.org**

## **Ponderosa Loan File Checklist**

Please fax or email the following documents to our office for review.

- \_\_\_\_\_ Application (Fillable 1003)
- \_\_\_\_\_ Income Verification (Two years of most recent federal tax returns including W-2's, within 60 days of closing 2 months of pay stubs)
- \_\_\_\_\_ Written Verification of Employment (2 years)
- \_\_\_\_\_ Asset Certification
- \_\_\_\_\_ Purchase Contract
- \_\_\_\_\_ Signed E-Consent (Authorization for secure electronic delivery of loan disclosures)
- \_\_\_\_\_ Borrower's Authorization
- \_\_\_\_\_ Home Ownership Training Certificate
- \_\_\_\_\_ Certificate of Occupancy (New Construction)
- \_\_\_\_\_ Borrower(s) Government Issued ID
- \_\_\_\_\_ Within 60 days of closing 6 months of checking account statements and within 60 days of closing 2 months of all other accounts (bank statements, retirement, etc.)

If applying for the additional down payment assistance (*other than Ponderosa Down Payment Assistance*) please also include the documents below:

- \_\_\_\_\_ Written Verification of Rent (12 months)
- \_\_\_\_\_ Statement of Household Income and Assets
- \_\_\_\_\_ Proof of Legal Residency for all household members

Requested Programs: **Ponderosa First Mortgage** Requested Loan Amount: \_\_\_\_\_

Requested Programs: **Ponderosa Down Payment Assistance** Requested Loan Amount: \_\_\_\_\_

Requested Programs: \_\_\_\_\_ Requested Loan Amount: \_\_\_\_\_

Once received Impact will review and order credit report. More information may be required but Impact will contact you directly with any additional documentation required.

Primary Borrower: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Location: \_\_\_\_\_

Title Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Hazard Insurance Agent: \_\_\_\_\_

(Please provide name of insurance agency providing blanket coverage for HOA/Condo projects)

Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_